

# BULLETIN

OF THE ASSOCIATION FOR PSYCHOANALYTIC MEDICINE  

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THE SOCIETY OF THE COLUMBIA CENTER FOR PSYCHOANALYTIC TRAINING AND RESEARCH

VOLUME 39  
FALL 2005

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### Acknowledgements

The editor gratefully acknowledges the assistance of Arnold Cooper and Robert Michels in planning this new concept of the Bulletin, and George Sagi for design assistance.

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## Editor's Note

Henry Schwartz

After a 2½ year absence, the Bulletin is back. Gratitude is due to David Stein and George Sagi for the significant but largely invisible work they've done during this period to try to keep the Bulletin alive. Let me explain where we've been and how we've changed.

The Bulletin has always been a collection of reports of the monthly scientific meetings of the APM<sup>1</sup> along with news from the center and the APM. The reports have been written by candidates for the most part. Over time it became increasingly difficult to find candidates interested in writing these reports, until eventually it was no longer possible to publish an issue. As a solution the former editor, David Stein, thought it might be interesting to invite post-graduate analysts to write reports about the meetings that included their own ideas and opinions. For a couple of issues this approach worked, but then it too became a problem and writers could not be found. Despite valiant efforts by David, without reporters there was nothing to put in the Bulletin, and so it became dormant.

Clearly that format is not working. If we believe that having a society-based publication is valuable, then finding some new approach is necessary. The current issue represents only one of many possible routes toward resurrecting the Bulletin. It will take a little time to see if it can work. The content of our new Bulletin will no longer focus exclusively on providing reports of the monthly meetings. We now have a group of editors, each with their own section, who will be de-

<sup>1</sup> Helen and Don Meyers have retained copies of the Bulletin that date back to Volume 1, Number 3, dated February, 1962. Presumably V. 1, No. 1 was from the early fall, 1961. Out of interest I will mention the contents: Editor, James Catell; Consulting editor, David Levy; Assoc. eds, Arnold Cooper, Howard Davidman, Terry Rogers, Daniel Shapiro; Editorial board, Henriette Klein, Donald Dunton, George Goldman, Aaron Karush, and John Weber. It contained a "Message from the president," a summary of two meetings written by the editorial staff ("A Comparative Study of Emotional Disorder in Toxic and Non-Toxic Goiter," by Joseph Lubart, and "Place of 'Neutral Screen' Therapist-Participation in Psychotherapy with the Schizophrenic Patient," by Harold Searles), and "Association News and Notes." The total length was 14 pages.

ciding what interesting issues within their area to bring to the APM community. This means that our content is no longer contingent on the monthly meetings, or on the wishes of a single editor. Content will be decided section by section by each editor. The Bulletin is now something like a house with many rooms. Each room is constructed by its own builder. My aim is to bring these rooms together into a home where we can live. A given article may take off from a monthly meeting, or may involve the kind of clinical or theoretical issues found in our main psychoanalytic journals. But in general neither is likely to be the case. Sometimes articles may come across as misguided, inappropriate, or just plain wrong. Our purpose is not to be an arbiter of any of those qualities. One can expect our articles to tend toward the local, idiosyncratic and, at times, controversial. The guiding principles are to provide articles of interest and value to the community, and a forum for discussion.

Psychoanalysts can be a stuffy bunch, and our reticence about laying our cards on the table and saying what we really think is often an obstacle to the progress of our field. This has become apparent to some of the editors in their efforts to uncover new and noteworthy material for the Bulletin. There is a sense that emerges at times that being open, expressing unsanctioned ideas, could lead to negative consequences for one's career, or in how one is regarded in the community. Politics (in the negative sense of the word) never seems to be far away. It is not clear exactly what these career-consequences might be, or whether such fears are based more in fantasy or reality, but they appear to be widespread and have certainly been a frustration to some of our editors. At this point, all one can do is to point it out and hope for greater openness in the future. It also suggests that anonymity for our sources may at times be warranted.

The current issue of the Bulletin is divided into the following sections: Candidate Issues, Interface with Psychiatry, Psychoanalytic Education, Culture, Inter-Institute Issues. Alex Lerman has, single-handedly, been writing pithy reports of the monthly meetings for the last 1½ years that have been distributed by email. Those reports will be reprinted here, and at times Alex will add commentary by an invited discussant. In future volumes we expect to have other sections. Interviews will be included on occasion as well. I hope to add a section on interesting clinical moments, though this poses special challenges with respect to people's willingness to reveal their clinical work, as well as matters of confidentiality. There is no grand design in this

distribution of sections for what is essential in such a publication; rather it reflects my personal interests, the interests of those invited to serve as editors, and the various compromises worked out between us. I welcome suggestions for other sections from members of our community.

One forum where we hope people will get involved and be direct is in a letters section. There has been little reason for such a section in the past, but our new format calls out for one. There is actually little opportunity for dialogue within our community as a whole. Perhaps the twice yearly faculty meetings of the institute, and the once-a-year meeting for members of the APM, are the closest we come. I think we all know there is much more on people's minds than we ever hear in those settings. A letters section also can provide a space for broader interaction between candidates and faculty, senior faculty and junior faculty, teachers and non-teachers, and so on. Responses to articles are welcome, and we encourage people to write in on other topics as well if it seems relevant.

This new format is an experiment, and the "new" Bulletin may quickly slide into a "new" oblivion and we find ourselves Bulletin-less again. In the spirit of openness and a faith in the exchange of ideas let's keep talking.

# PSYCHOANALYTIC USES OF THE HUMANITIES

## Introduction

Jules Kerman, MD, PhD

There is a direct and simple pleasure in immersing oneself in a work of the imagination, be it literature, drama, the visual arts, or music. Along with this simple pleasure and propelled by something more or less compelling about the experience, we might well find ourselves pursuing a deeper involvement with a work of art that grabs us. This might include reading literary, music, or art criticism, social or political theory, or philosophy, or participating in discussion groups with like-minded colleagues and friends. All these activities bring us an additional pleasure by enriching our knowledge and appreciation of what it means to be human and how we can understand this psychoanalytically. At their best these works of imagination and imaginative theory attempt to tell us something that we may vaguely intuit but don't yet know and call on us to make more of what we do know.

Freud was said to have advised young analysts to include the study of literature as part of training,<sup>2</sup> and we need only refer to what has been the central narrative of psychoanalysis to have a sense of the role that literature has played in our field. We are, if we are anything as analysts, doctors of fantasy, of the unconscious imagination, and its pervasive influence in everyday life. Literary critic Michael Wood argues that "fiction challenges what we think we know and provides its own eerie and elusive varieties of knowledge"<sup>3</sup>. This is most relevant to us analysts, because our work demands an emotionally meaningful and unique encounter with our patients, which aims to understand the unconscious stories governing their lives through the shared experience of the analytic relationship. And this encounter, though far from being identical to our experience with works of art, shares important similarities.

This section will feature articles by those who've been stimulated by this sort of experience and on how they've put it to use. It will invite

<sup>2</sup> Skura, M. A., *The Literary Uses of the Psychoanalytic Process*, p. 1, Yale, 1981.

<sup>3</sup> Wood, M., *Literature and the Taste for Knowledge*, Cambridge, 2005.

articles not only about the ways our immersion in psychoanalytic practice and theory affects the way we see, understand, and construct the world but about how that engagement reflexively affects our practice and our theoretical orientation. Thus the emphasis won't be on psychoanalysis applied to the humanities but on the gain in psychoanalytic knowledge and intuition that derive from those products of culture and imagination. As with the rest of the revamped Bulletin, we hope these pieces will be informal, timely, personal, and provocative.

Reflections in Greece:  
On Art, Psychoanalysis, and Anti-Semitism

Ellen Handler Spitz

*I have felt anti-Semitism all my life... It's a paradoxical situation: anti-Semitism exists here, but at the same time, this country is livable and quite sweet.*

— Marcelo Birmajer, *The New York Times*, 29/1/05

I

*The 6<sup>th</sup> Delphi International Psychoanalytic Symposium, 2004*

In Delphi, as we are told, the oracle spoke to Oedipus. Her monstrously enigmatic utterances arose from the mouth of a cave which, even today, one can discover by following a winding road that clambers up and up into the heights of the Greek peninsula from Athens.

This autumn morning, the air gives off a chill despite gentler promises wafting from the fuschia, roseate, and magenta blossoms that accent hillsides jabbed by pine trees; a heavy bank of cloud bisects the Mediterranean sky. Crouching low among the fallen stones and ruined columns and walls on this ancient site, I am trying hard to imagine the timbre of her voice—that priestess of Apollo. I am trying to fathom the stunning effect of her prophecies and whether she whispered them into the ambient breezes or chanted them in rhythmically metered cadences or stuttered haltingly. Possibly, she summoned the future in stentorian tones that caused her listeners to fall backwards with alarm. I am wondering because the place itself is actually right here before me now—the partially hidden grotto where doughty heroes once came in all their glory and all their doubt from every corner of the Peloponnese to learn their fate and then fearfully but also bravely attempted to avert it. And, philosophically, we must ask: which is the nobler course, after all — to accept one's fate with equanimity or to seek to forestall it?

Looking around the site (I am here in Delphi for an international psychoanalytic conference on mind and body), my thoughts turn to Sigmund Freud, who paid inordinate attention to Oedipus and his plight. Born Jewish, like me, Freud did not ponder with equal interest the ethically and psychologically intricate stories of his own tradition and mine: the plight of Noah and his sons, and of Cain and Abel, of

Abraham and Isaac, Isaac and Ishmael, Jacob and Laban and Rachel and Leah. Instead, Freud chose to give pride of place in his theories to the legends of *this* place, to the Greek legends and heroes and myths. And why? Was he also, like Oedipus, trying in some metaphoric way, to avoid his fate? To choose for himself, like Oedipus, another patrimony? Judaism was his fate, after all, as it is mine, but it was a destiny Freud never accepted without ambivalence, not an identity he was able to embrace without ambiguity. Thus, it has been also for me in my life and for so many others.

But I am here in Delphi to speak at this psychoanalytic conference, and the distinguished French author and analyst, Janine Chas-seguet-Smirgel, whose publications have been a beacon for me in my own reflections on art and life, has asked me to write a little essay on anti-Semitism. How can I say no to her? Especially when, in her own lecture here in Greece, she has presented the most fascinating and disturbing material. Foraying intrepidly into territory where angels fear to tread, she has searched for fantasies of freedom in the psyches of those who destroy and kill and sacrifice themselves and others (“I can do *anything* I want, no matter how horrible,” as a character says in one of the Japanese novels she has studied). Thus, her courage inspires me, and I must try not to refuse her request.

With reluctance, repugnance, and trepidation, I offer this small essay on the painful topic of anti-Semitism, a topic that, for reasons far more personally terrible than any of my own, others find equally offensive. Freud himself, in fact, at the end of his life, having fled to England to escape the ominous advance of the Nazis, was asked within a year of his death to write an essay on anti-Semitism. In a brief letter citing cogent lines from an 18<sup>th</sup> century French play to the effect that a gentleman never deigns to defend his own honor when betrayed, he respectfully declined to do so.

## II

### *On the Island of Aegina in the Bay of Salonika*

On board the *Hermes*, a large touring vessel teeming with passengers in groups hailing from Japan and Germany, I am struck suddenly by the thought that, as an American Jew, I am surrounded by citizens of former World War II enemy countries. Why does this matter at all? Ashamed, I turn to the sea, its mottled waves white-cruled and patterned with foam and spume. Framed by sloping hills, it goes first white and grey-blue and then grey-blue and white, its corrugated colors

alternating in rhythm to the wash and swish and rockings and recessions of the boat. I watch through wisps of hair made wild and unruly by the wind, and the sky streaks by as if glimpsed through the delicate lines of a Rembrandt etching. Soft explosive clouds and billows of air extend far into the distance without even a bird to punctuate the sky's immensity. Turning back from sea and passengers, my gaze falls upon chains, rope, splintered boards and hoses, spigots, and on a few sailors quaffing beer and laughing in Greek. I am so *held—held* even as the British psychoanalyst Winnicott meant when he wrote that word — by these coils of rope on which I sit and by the weathered boards beneath my feet, planks of wood corroded by wind and water and yet still strong, and all I can think of is how good life is (if only we knew) and that *Hermes* is the name of this ship and that another one called *Pegasus* is passing by...

Deeply enamored of Greek art and architecture (like Freud), I wrote my undergraduate thesis on monumental Greek sculpture; thus, my moments here seem ones of perfect life. Our wildly enthusiastic professor, Jane Henle, at Barnard College in New York, had introduced us to the glories of Sumerian and Assyrian art, Egyptian painting, sculpture, and architecture of the Old, Middle, and New Kingdoms, but then one unforgettable day, she literally pranced into the classroom. I can see her now, a short person garbed in nondescript apparel, close-cropped hair, a peculiar mode of enunciation, ebullient, fervid with zeal for her beloved subject.

"Girls!" she exclaimed, virtually leaping into the air with joyful anticipation, "Today, we are going to enter the *Modern Period*! Today, we will begin to study the Greeks!"

And, with that, she plunged us into a kaleidoscope of geometric vases, kouroi, korai, pedimental sculptures, and the progression of temples, friezes, metopes, columns, and black figure and red figure vase painting techniques and Tanagra figurines. And, then, on one special day, she showed us a magnificent temple. Its fluted Doric colonnade seemed perfect to me, so stately and majestic that I thought and wondered and hardly dared to hope that perhaps, one day, I would see this temple for myself and breathe the air that surrounds it.

And so, after visiting Poros with its white and gold houses planted haphazardly into the green turf of hills rising gently out of the aquamarine sea, and after admiring its red clay roofs and jasmine flowers all fragrant and white like miniature stars, we came after that to the even-more-beautiful island of Hyra. There, I watched as two old men

perched on donkeys conversed with one another as the animals picked their way down a rocky path beside the jeweled sea all turquoise then and studded as if with pearls flickering and effervescent before my eyes. And then, at last, we came to Aegina.

Here I am. And I just want to be alone. Escaping from the crowds, I hire a private car driven by a sturdy black-bearded Greek in his fifties called Kosta. I ask him to take me to the temple of my dreams: the temple of Aphaia at Aegina. The site, he informs me, is located on a remote corner of the island as far away as possible from the landing dock where the *Hermes* is tied. But that doesn't matter. I have nearly two hours before departure back to Athens; I declare: "Let's go!" And so, he takes me there.

Climbing out of his car, I find the place deserted. Salty tears blur my vision as I climb towards the monument, its Doric columns powerful against a pale sky. Overcome with sadness, I am remembering Shelley's poem "Ozymandias." A stray dog whines somewhere, and its plaintive sound mingles with the whirr and buzz of the cicadas; otherwise, all is still. Broken stones like human bones intercept my passage on the uneven ground beneath my feet, and it seems a sacred place as I walk ever so slowly and gingerly in the silence viewing the elegant ruin from every possible angle, and then, finally, the wind changes and I know evening is approaching and with it the time for me to depart. But, wait! Looking all around me, I see I have become disoriented. Where am I? I can no longer find the exit from the archeological site. What has happened to Kosta's car? I am lost.

At length, dramatically, I find my way back and clamber into his vehicle vaguely noticing how late it is. Still clinging to my reveries, I try not to think that catching my boat is no longer a given. Kosta does not seem worried, however. Driving casually, he begins a conversation with me, startling me out of my reverie.

"Aren't you an American?" he asks.

"Why, yes," I admit absent-mindedly.

"Well," he asserts, "I know who was responsible for nine-eleven. I know who flew those planes into the twin towers."

"Oh, really?" I return without paying much attention, trying to be polite.

"Yes," he declares. "Do you want to know who it was?"

"Umm-m," I murmur reluctantly, not wanting to be brought back to the present, longing only to linger in my fantasies of ancient Greece, "What do you mean?"

“It was,” he triumphantly announces: “THE JEWS!”

In a flash, the temple of Aphaia vanishes. Now, I am squarely planted on the plastic seat of this rickety car driven by a modern Greek man who is telling me without any shame that the Jews attacked the United States. He says he has read all about it in some French publication and that it is certain: it was definitely the Jews and their worldwide control and their money and the Israelis in particular. Jews were behind the scenes and arranged those attacks, and the whole thing is well documented and completely true. He goes on and on while I feel my stomach beginning to be queasy and a sense of nausea coming over me.

What can I say or do? If I quarrel with him or get into a conflict, I might miss my boat back to Athens and my transport to the psychoanalytic conference at Delphi. I must say nothing. He carries on, growing more insistent and maniacal and irrational by the minute. At last, we are approaching the harbor, and now, with my heart pounding, I can make out the shape of the *Hermes*. “Quickly, oh messenger-god, carry me away from here!” As Kosta drives up to the dock, the gangplank of the *Hermes* is being lifted for departure. Tossing him his money, I jump aboard not one minute too soon. But my heart continues to beat with pain and fury. Anti-Semitism even *here*, on a tiny island off the coast of Greece. Once again: the same accusations, the same verbiage, and the same lies. A darkening sky reflects my spirit as I turn away from Aegina towards Athens.

Thus, for me, there is no such thing as a *new* anti-Semitism. We Jews, apparently, whatever we do or do *not* do, whatever we say or do *not* say, whatever we have or do *not* have, continue to serve as scapegoats for the world and have done so since the beginning of the Diaspora. My question is the one I posed at Delphi: namely, whether it is nobler to accept one’s fate or, knowing that one cannot avert it, to fight against it? For the fate of every Jew is to risk suffering not for what one has committed or for what one has failed to commit but for who one is by birth. This was, furthermore, the situation of Oedipus. Perhaps, therefore, in some poorly understood way, this correspondence figured in Freud’s choice – Freud being a modern Jew and wavering, I warrant, about his own answer to my question – of Oedipus as the central character for his drama.

# CANDIDATE ISSUES

## Recruitment

Ben Davidman

Toward the end of the 2004–2005 academic year, it remained uncertain if there would be an incoming analytic class for 2005. The prospect of a vacant class raised fears among the analytic community. The apparent absence of qualified, interested applicants was especially surprising in light of the unusually large size of the previous year's class. It was unclear how this could have occurred and what, if anything, it meant for the future of the institute and for analytic training as a whole. Since then, this alarming state of affairs has been happily resolved, with a smaller, but more customary, number of candidates in the first year class. In the wake of this potential crisis it is crucial to avoid “sealing over” the experience, but use it to reconsider methods of analytic recruitment with particular attention to the processes by which candidates become interested in analytic training, and how they ultimately decide for or against training.

A first step in this process would be to share the experiences of recruitment to Columbia Psychoanalytic Center with those of other analytic institutes. All institutes are facing similar challenges and have a wealth of common recruitment experiences. If methods of recruitment differ between institutes, their divergent experiences of success or failure could inform future attempts to engage individuals in the analytic endeavor. As a candidate at Columbia Psychoanalytic, a former NYU resident, and a “transfer student” who had taken the introductory development course at the New York Psychoanalytic Institute, I believed I was in a unique position to discuss these issues with candidates and analysts at three prominent New York institutes.

However, I soon learned that exploring analytic recruitment would not be so easy. It became clear that representatives of each institute were reluctant to reveal anything to a candidate from a foreign analytic culture. As one analyst explained to me, in the context of competing for scarce resources, it was not in an institute's interest to reveal their recruitment strategies. In an economy of scarcity, it is natural for competitors to guard their supplies zealously. However, there

are many reasons to question this view of the situation. As institutes tend to affiliate with separate institutions, it is unclear if institutes are accurate in their perception of other institutes as competitors for a common pool of candidates. Further, as psychiatry becomes an increasing popular specialty, it is questionable whether applicants are truly scarce commodities. Perhaps the problem is not a shortage of potential applicants, but the nature of recruitment practices that narrow our field.

In comparison to my reception at analytic institutes, candidates are eager to discuss their experiences and considerations in making the commitment to analytic training. For the purpose of this article, I conducted an informal survey of candidates, sending emails to the American Psychoanalytic Association candidates list, as well as the International Psychoanalytic Association candidates list. I asked questions concerning candidates' exposure to analysis prior to submitting an application, the influences in their decision to apply for training in general, and to their institute in particular. I received over fifty detailed replies from candidates around the world.

Candidates frequently describe a respected analytic clinician who taught them or served as a supervisor during the candidates' training. One candidate wrote, "I was most impressed by the faculty who also happened to be analysts. They were most helpful with my cases, seemed most supportive of me, seemed generally to be the best adjusted, have the best senses of humor, were the wisest, etc. So I decided I wanted that for myself". Similarly, candidates often cited personal treatment experiences. One wrote, "This analysis helped me to pursue psychiatry as a profession, and furthermore, to identify with my analyst and wish to become an analyst . . . helping people as he had helped me". Identification appears to be the defining process of the decision to seek analytic training for most candidates. Having identified a specific individual as an analytic ideal, it is typical to seek training at that individual's institute.

Candidates' descriptions of application decisions were also revealing for what was less frequently considered. It was surprisingly rare for candidates to cite individual differences between institutes, and when they did, it was clear that such descriptions were based upon prevailing opinions at their chosen institute rather than individual investigation of the available choices. The overwhelming majority of candidates sampled applied to only one institute. Of course, in many areas there is only one institute available. However, this was also the

tendency for candidates sampled from New York institutes. Most candidates apply to the institute they have familiarity with through their residency or graduate training. Perhaps the uncertainty of the commitment involved, the importance of personal connections, identifications, and idealizations combine to narrow the focus to one institute. The result is a striking disparity between the process of applying to analytic training and other application experiences in that information concerning possible choices is much less available. Candidates do not know acceptance percentages, criteria for acceptance or rejection, or whether they are more or less likely to be accepted at any one particular institute. While they have often had exposure to graduates of the institute, it is rare that candidates sample the actual educational experience during the application process. The decision is therefore usually made prior to submission of the application. Unless the individual has gone out of his or her way to seek exposure to alternate institutes, they have limited information not only concerning the nature of the commitment they are making, but also about the alternatives they have.

Otto Kernberg wrote of the effects of paranoia and defensive idealization within analytic institutes. He wrote, “psychoanalytic education today is all too often conducted in an atmosphere of indoctrination rather than open scientific exploration”. He described practices of excluding alternate psychoanalytic approaches from the curriculum, and preventing candidates from learning the details of areas of faculty dispute. He suggested that the practice of preventing candidates from seeing senior members work results in an unrealistic idealization of psychoanalytic technique and of the senior members of the faculty. He wrote, “The paranoiac atmosphere of psychoanalytic institutes, the threat of persecution that permeates them, is the counterpart of the institutionally sanctioned and fostered idealization (particularly of senior training analysts) that also pervades them.”(1) This leads to an inhibition in creative thinking, brought about by a narrow intellectual frame limited by the ideological bent of the institute.

Steps have been taken to ameliorate the symptoms of educational pathology that Kernberg described within many institutes. However, the paranoia that exists between institutes remains strong. Defensive idealization of one’s own institute with a concomitant devaluation of other institutes results in an inhibition of information exchange, which exerts a destructive effect on our status and credibility in relation to the scientific community as a whole. Paranoid struggles and de-

fensive idealizations do us a disservice in attracting applicants initially drawn to psychiatry by the prospect of participating in the excitement of a rapidly developing field.

Kernberg identified four models of analytic education. While he saw the art school and university models as the most appropriate for the primary tasks of analytic institutes. He criticized the lack of exposure of candidates to the work of senior analysts, and the implicit assumption that analytic technique can be incorporated without direct exposure to teachers' work. The benefit of the art school model lies in its recognition of the candidates' need to observe and judge the psychoanalytic process as performed by local masters. Further the model of the university would require open debate, exploration and subjection of authorities views to critical scrutiny. This would view the analytic institute as an organization designed for the transmission, exploration and generation of knowledge. That it would also serve as training individuals in a healing profession would put the analytic institute close to the medical school in ideal organization.

From this perspective, it is all the more striking how different the typical university application process is from the analytic one. However, this has been slowly changing. While information is usually not available about the application process itself, there are growing opportunities to sample the analytic experience prior to submitting an application. The New York Psychoanalytic Institute offers a range of ways for applicants to gain exposure to the institute. They have offered basic courses on such topics as analytic theory, technique, and development. The courses were taught by graduate analysts, were free of charge, and run for several months at a time. In addition, the institute offers a fellowship program, as well as a separate Psychodynamic Psychotherapy Program. Following a year in which there was no analytic class, the New York waved the requirement for having already initiated one's own analysis prior to beginning training. By report, there has also been a concerted effort to align the institute more closely with the Mount Sinai Psychiatry residency. It would be interesting to know whether these changes have affected applications to the institute.

NYU Psychoanalytic Institute also offers a one-year fellowship program, and a Psychodynamic Psychotherapy training program, though there is no equivalent to the basic courses of the New York Psychoanalytic Institute. The fellowship program offers an introduction to the predominant conceptual orientation of the institute. Being physically outside the institutes' facilities, it provided less insight into

the actual training experience at the institute. It consists of a monthly discussion group with the addition of a weekly supervision with an NYU analyst. Dinners are also held at a graduate analyst's house on a monthly basis for those interested in analytic training. Among the candidates sampled from NYU, these dinners were often cited as influential in the decision to seek training, not only for the exposure to analytic concepts that are discussed, but also for the exposure to the lifestyle of prominent analysts, an important concern of applicants deciding on the future course of their careers.

It is unclear how frequently psychodynamic psychotherapy programs lead enrollees to go on to seek psychoanalytic training. It would be interesting to pool the data from these experiences to learn if these programs are being used as introductions to dynamic training, or as substitutes for it. It is similarly unclear whether these programs are seen as vehicles for recruitment for analytic training, or if psychotherapy training is viewed as an independent mission of the institute. This very well may differ between the institutes, which could affect the number of candidates who subsequently pursue further training. The experiences of these programs would be a fascinating area for future discussions between institutes.

Of course, it would also be very interesting to hear the perspectives of those who considered analytic training, but ultimately decided against it. My sample received a few responses from people in this group; lost income, tuition expenses, and time were the most frequently cited reasons training was not pursued. Within this highly limited sample, it did not appear that psychodynamic psychotherapy programs, or alternate avenues of analytic exposure were considered as substitutes for full training. It therefore appears that this group is not currently being reached by new opportunities for exposure to analytic institutes prior to their decisions against the analytic training experience.

Recruitment to analytic training is clearly not seen as a challenging, mutual endeavor to be shared among the institutes. While economic realities may be seen to justify and maintain such an outlook, I believe it is to the great detriment of all involved. I suspect that there are no secrets of recruitment to be pirated away from the other institutes. Given the crucial importance of identification experiences in seeking training, it seems likely that institutes will continue to predominantly draw candidates from those programs in which their graduates play prominent roles as supervisors, administrators and therapists.

The climate of inter-institutional paranoia and idealization of one's institute has led to an opaque analytic application process and a related inhibition of recruitment. The decision to pursue analytic training is a difficult one, requiring a great commitment in terms of time, energy, and money. It is a decision that does not always meet with support from faculty outside of the analytic world, and it is one that does not offer the clear benefits to an academic career that it did in a former era. Recruitment is further hindered by the frequent denigration of other institutes by analysts during the application process. The decision to seek training is often discussed as though there is a "right" way of thinking and a correct choice of institute for everyone. There is little equivalent of the college advisor for approaching the analytic application process. It is rare that potential candidates are encouraged to explore other institutes. Economic pressures, though certainly real do not justify the current climate of suspicion and secrecy. The field has much to gain from increasing interaction, discussion, and freedom of information both between institutes and with the scientific community outside of psychoanalysis that would explore common ground between institutes, elucidate our differences, raise our scientific credibility, and increase our appeal to potential students of the mind.

1. Kernberg, O.K. (1998). *Ideology, Conflict, and Leadership in Groups and Organizations*. New Haven: Yale University Press.

## INTER-INSTITUTE ISSUES

Jean Roiphe

As the three local institutes of the American Psychoanalytic Association—Columbia, New York and NYU—have begun to collaborate and join forces in a number of ways, the Bulletin hopes to report on these joint activities and to encourage dialogue about them. In the current climate, presumably more should unite us than divide us, and it behooves us to do all we can together to promote psychoanalytic knowledge, education and treatment.

Some of the joint projects currently underway include:

—Shared electives available to post-fourth year candidates: Candidates can choose to take post-fourth year courses offered at any of the three institutes. In addition, a Continuous Case Conference and a Journal Club have combined faculty from all three Institutes.

—Advanced Seminars in Child Analysis: For several years now, these seminars, which meet six times a year to discuss theoretical, clinical and technical aspects of child and adolescent analysis, have included child candidates, graduates and faculty of all three institutes. As of this year, the New York Freudian Society has also joined these seminars.

—Reciprocity for training analysis: For several years now, the three institutes have agreed to allow candidates to have training analyses with training analysts from any of the three institutes. As we gain experience with this arrangement over time, it will be interesting and informative to have feedback from candidates and analysts about the perceived advantages and disadvantages of this innovation.

—Post-graduate groups: Columbia and New York Psychoanalytic have recently agreed to foster the establishment of small combined post-graduate analyst groups to discuss psychoanalytic topics in an informal social setting.

# PSYCHOANALYTIC EDUCATION

## Introduction

Arnold Wilson

For the Bulletin, I have been charged with the task of bringing forward new and potentially interesting ways of thinking about psychoanalytic education. The following piece was written by Tom Bartlett, who is an advanced candidate at the newly merged institute in Philadelphia. Tom's is a brave voice, and it is important to hear about education from a candidate's perspective. He was an experienced clinician before embarking on analytic training, as is the case for many individuals who begin candidacy these days. While not all of his proposals are directly relevant to the educational practices here at Columbia, there are many points he makes that nevertheless merit reflection.

## From Teaching by Cohort to Teaching College Style

Tom Bartlett  
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I am proposing a new and, I think revivifying model for teaching psychoanalysis. I suggest that we abandon the tradition of teaching candidates in closed cohort groups in favor of a structure more like you see in colleges and Arts and Sciences grad programs, with rolling admissions, core courses (some with and some without prerequisites), elective course options, and the possibility of differing concentrations according to the interests and needs of the candidate. Much like we all had in college. Such a shift may seem a large undertaking but I believe, when compared to our current arrangement, its advantages will prove worth the effort.

I would guess that the practice of teaching by cohort evolved out of the close ties that psychoanalysis had with medical education, residency programs and the like. The candidates that start in a given year have all of their classes together, over what was once two or three, later four, and now five years. Interaction between candidates of different years occurs remarkably seldom; mostly during visiting analyst conferences.

Coming from more academic programs as I have, this arrangement seems to me arbitrary and limiting. In graduate school, often the best learning occurred through the creative interchange between junior and more advanced students, students who had more recently worked out the things with which the relative beginners were struggling. The act of explaining helped both. I always found rather than bringing teaching to the lowest common denominator, more frequently, mixed classes challenged everyone upward.

*Teaching by cohort group is not necessary:*

The need to teach by cohort was probably greater thirty years ago, when the average candidate was a psychiatric resident in his mid-to late-twenties with relatively little prior coursework in psychopathology. But today, our average candidate starts in his or her late forties, with education from any of a variety of academic and clinical disciplines, and with some ten plus years' clinical experience.

It is no longer necessary or even possible to start at the beginning and slowly work up. And with the clinical and theoretical sophistication of most of today's incoming students, there is probably much less need that courses proceed in any particular sequence than people imagine. There is some need, which can be addressed by requiring an introductory semester and employing prerequisites where needed, but probably not all that much. Psychoanalysis is not like math, or even biology, where each course is necessary to understand the next. It is more like history, or philosophy. Its topics circle around and presuppose one another. Wherever you jump in, over time your understanding deepens. Whatever the topic, whatever the article, the average fourth year student will grasp it much more fully than he or she might have in the second year, regardless in what order the material is presented.

*Teaching by cohort group is impractical, given the shrinking size of candidate groups:*

Application to train in psychoanalysis is on the decline throughout the country. Many institutes have had entire years pass without enough applicants to form a class, or started classes of only three or four candidates. In addition, there has been the problem of attrition and of students going on leave to meet personal demands. (This latter group, in college-style arrangement, might actually find it easier to stay involved.) We cannot assume that classes of larger size will return. If anything, our recent applicants may represent a wave of formerly excluded non-MDs who formed their interest in psychoanalysis decades ago, when it enjoyed more popularity than it does in the undergraduate and graduate educations of this next generation of clinicians. We cannot know what to expect in the coming years.

*Teaching by cohort group is inefficient, and a waste of potential resources:*

With the cohort plan, teachers teach the same course each year, sometimes to groups so small they had to arrange tutorials, simply to keep up the rigid curricular schedule required by the cohort system. Now suppose five years down the road that an institute has five years of Adult Psychoanalysis classes underway. Then every week, ten actual classes would be held. You can add to this figure fourteen more classes per week, if you include those of other allied teaching efforts, for example, an Adult Psychotherapy Program (two years times three per week), a Child Psychotherapy Program (two years times two), and

a Child Psychoanalysis Program (two years times two). Surely some of these twenty-four courses, at least those on theoretical topics, could be taught in conjoined groups to students of different tracks, were it not for this needless system of cohort/track isolation. Even if we do not want to mix tracks, there is still no need to teach every subject every year to the Adult Psychoanalysis Program, nor is there need to isolate its groups according to year.

In a non-cohort system, it becomes possible to offer particular specialized courses, say, *Latency*, or *Borderline Psychopathology*, or *English Object Relations Theorists*, every other year, and offer something else in that time slot on alternate years. Properly arranged, this schedule could easily allow everyone to get what he or she needs within the number of years needed. But it would also allow increasing the size of the classes taking these subjects, or, if the numbers were sufficient, it would allow for the cultivation of new, elective course topics. These might be elective approaches to meeting the same core subject (*Borderline A* or *Borderline B*) or advanced courses on the same subject (*Borderline I* and/or *Borderline II*). With some modifications in the curricular model along the lines of a Chinese menu, there might be entirely new subjects that our present system cannot accommodate.

*Teaching by cohort group leads to stagnation in the group:*

When compared to a graduate program, there is something odd about classes the way we do them. In effect, we in the cohort are an already composed group. We sit in the same room, in the same places, and teachers are cycled our way. “This is November 28th, now *what* are we starting tonight?” “We had So and So last year, now *which* was that course?” The center of gravity is somehow in the wrong place, from an educational point of view. In closed groups, certain dynamics and routines take hold. At best, these can be enriching, but at worst, deadening. The teacher is the last to catch on to these, only to leave, and a new teacher starts in. In some cohorts, one candidate has done the reading and carries the group, sometimes night after night. In others, the group falls into a rut of repetitive but unproductive disagreements that only the teacher is unaware that he or she is feeding. Compare this to an academic model, in which students choose from an array of courses according to interest and need. The center of gravity shifts back to the teacher and the topic. It is his or her class that we come to, and the tone is set more by how he or she sets out to teach, especially since this particular grouping of students may never have occurred before.

*Teaching by cohort group may engender complacency on the part of the teacher:*

Where there is no choice among courses, the cohort group becomes a captive audience. The candidates didn't choose the teacher, or the subject, any more than the reverse. The teacher knows he or she will have a class regardless, and can bet that the evaluation and feedback received from this class will be largely positive, *regardless*. Why is this? Well, it is a small community and no one wants to criticize the teaching of someone we otherwise like, who clearly is giving a lot to come teach us at all. But allow some choice in teachers and choice in subjects and you will find both the opportunity and the incentive to give more thought to one's teaching. This may at first seem threatening to the would-be teacher, but I really think it may become a relief, once we find ways of allowing teachers to innovate more.

As it is, most institutes have a set curriculum, worked out over the years to be comprehensive. But its very thoroughness has been at the cost of creativity. Rather than having teachers innovate courses on the basis of their established expertise or of some current research interest, we draft teachers to teach the courses that have always been taught. Often, the teacher then pulls together a syllabus, updated from the one they took twenty years earlier, and after brushing up on these articles, teaches them by leading a free-ranging chat, article by article. Compare that to the Arts and Sciences, where faculty members offer lectures and seminars on a wide variety of topics, sometimes far afield from the immediate needs of their students. The understanding in a more educational model is that it is not so important *which* topics get covered, as it is *how* the mind is engaged and challenged forth. Yes, there is need for a certain amount of sheer coverage, for the purposes of training. But I cannot imagine, if we reduced by one-third our current required curriculum and allowed for more electives, that our candidates would leave any the less prepared.

Often, the best way to learn theoretical material, even for training purposes, is to engage it, question it, and even entertain the critiques of its opponents. Surely there are many more ways to fulfill a particular area requirement than just to review, paper by paper, the agreed upon standards. How about a *Resistance* course that read only Paul Gray's work? Or an elective course on Grunbaum's critique of Freud and its respondents? Or one on the process and outcome re-

search pertaining to psychoanalysis? Or even one on Proust, or the Greek tragedies, if someone had a way to teach these in a manner instructive to the analyst in training?

I have heard several faculty mention courses they offered to teach in the past that either could not fit into the curriculum, without removing something no one would consider removing, or were declined because they did not appeal to the *majority* of the candidates. This makes no sense. There is no need to pretend to homogeneity of theory or interest. Perhaps a better way is to allow the very possibility that some candidates gravitate to more classical Freudian courses while others to more Object Relations ones. No harm in that, so long as the major area requirements are met. I invite the reader to imagine the one course he or she would like to offer or take if only the curriculum did not preclude it!

*How would this curricular structure look?*

The actual details would become a matter for the faculty, the Curriculum Committee and the Educational Committee. But what I imagine is something like this. Where presently the major divisions of study are Theory, Development, Pathology and Technique, this would continue, with perhaps an additional Miscellaneous heading to allow for electives that don't neatly fall into those divisions. Where presently, each candidate takes each course in a fixed progression, in a college-style arrangement each candidate would need to meet a minimum number of credits in each division. For example, of, say, eleven subjects offered under Psychopathology, the candidate would, before graduating, have to obtain a minimum of eight or nine credits. Some might take all eleven; some might never take *Addictions*, for example, but have time freed up for a *Process/Outcome Research* course. If some courses were deemed essential, say, *Narcissism & Borderline Pathology*, they could be made required courses. Even here, there would be nothing to prevent competing *approaches* to realizing this requirement, if, say, someone wanted to teach this course from a solely Kohutian perspective (*Narcissism & Borderline Pathology B*). As in academics, we have to have faith that there is no *one* way to train an analyst, but that with a well enough laid out curriculum, each will develop in his or her best way, learning on their own time about those subjects they didn't specifically take.

*How would adequate standards of coverage be maintained with such an open-ended curricular structure?*

To some extent, this is assured by the Division requirements that are set by the Curriculum Committee, and the selection of courses allowed to serve to meet these requirements. In addition, one of the tasks of the student's Advisor, and of the Progression Committee, might be to watch out for major gaps or imbalances in a student's education, and to remedy these in a timely fashion. Training to a standard need not require standardized coverage. Where the grasp of theoretical material is concerned, emphasis on breadth of coverage often comes at the expense of actual learning, which requires a more educational model. For example, simply from the standpoint of our training purposes, Freud's ideas will probably be retained less by the student who takes five classes that review his texts than by the student who takes four such classes, accompanied by one in which he or she is challenged to reconcile these with Grunbaum or with process/outcome research.

*How would this curricular structure be implemented?*

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In a word, gradually. One of the first and biggest problems, for it to work, is that classes would have to be redesigned and/or regrouped into logical clusters so that courses could run for fixed and equal lengths of time, like a quarters or a semesters system. This would be a nuisance to coordinate, but not *that* difficult. Once the currently planned curriculum is adjusted in this manner, and a basic plan is worked out for what will ultimately be required in the new Chinese menu approach, then it should become possible to allow candidates some experimentation in choosing classes with their broad requirements in mind.

It may be useful to have a mandatory first semester or even a year that all beginning candidates take together, for the purposes of bonding and identity formation, not to mention getting out of the way the kind of outlier questions that seem to drop away with familiarity with the process and the field. It may be useful to retain something of the closed cohort system for some clinical courses, like continuous case, if the establishment of trusting relationships seems paramount over other considerations. Over time, experience will teach which courses really require prerequisites, and which can be taught by mixing candidates at any point in their training. Over time, depending on our numbers, many other possibilities may arise. For example, it may be

possible to offer classes in the daytime as well as the evening, to accommodate the needs of those who see child patients after school as well as those with full-time jobs. Similarly, it may become possible to offer some courses on alternate days of the week, if there is adequate interest to fill the course without detracting from existing ones.

We might even consider inviting area academics to teach some courses, either alone or alongside an analyst, once or twice a year. I can think of several dynamic and experienced lecturers and teachers, from philosophy, psychology and comp lit, who are already very conversant in psychoanalytic thought, if not in its practice. Perhaps some might be willing to give six weeks to such a project of co-teaching, if we, in turn, welcomed some of their grad students into a theory class or two. This could invigorate us, by providing new models for teaching from those that make their living doing just this, and could further our efforts at outreach to groups that share our interests but presently overlook us.

Perhaps, as we learn to better balance the demands of theoretical *education* with those of clinical *training*, we can stand our ground going forward as the most personally demanding and intellectually satisfying of the therapeutic disciplines.

# PSYCHOANALYSIS AND PSYCHIATRY

## The Work of Sandor Rado and Its Relation to Current Issues in Psychoanalysis and Psychiatry

Fredric Busch

“The fear prevails that unless the shafts of the Freudian mines are preserved untouched, the insights of psychoanalysis will ‘lose in depth.’ However, the history of science teaches a different lesson: by improving our means of reality testing, we can lose nothing but our illusions” (Rado, 1946, p. 169).

The split between psychoanalysis and psychiatry has become increasingly severe and problematic. Few psychoanalytic papers appear in psychiatric journals, and psychoanalytic approaches have been minimized in treatment guidelines for specific disorders developed by the American Psychiatric Association. Establishing links between psychiatry and psychoanalysis remains critically important so that the proper role and place of psychoanalytic theories and treatments can be established.

Exploring the interrelationships between psychoanalysis and psychiatry has been a focus of the Columbia University Center for Psychoanalytic Training and Research. The vision and writings of the founder, Sandor Rado, were prescient in noting the importance of exploring and maintaining the links between these disciplines. In “Psychodynamics as a basic science”, Rado (1946) stated: “The past separation of psychoanalysis from psychiatry was artificial and scientifically harmful to both. The sooner this unnatural condition disappears the better” (p. 170). Rado’s papers included several on psychoanalytic understanding of various disorders (depression, substance abuse, traumatic neuroses, obsessive behavior, schizophrenia), and his theories of adaptational psychodynamics made efforts to link the neurophysiological concepts of his day with psychoanalytic theory and observation.

Because they provide a useful guide for examining the connections between psychoanalysis and psychiatry, Rado’s ideas will be used as a framework for explicating the series of issues that will be addressed

in this section. The topics will include psychoanalysis and neurobiology, psychoanalytic research, psychopharmacology and psychoanalysis, psychoanalytic approaches to specific disorders, and psychoanalysis and diagnosis. These articles will review the literature and call on experts in these areas to elucidate the current status of psychoanalysis within psychiatry, and where to best focus our future energy.

*Psychoanalysis and Neurophysiology*

A central focus of Rado's work was to link the neurophysiological developments of his era to psychoanalytic knowledge and theory. For example, in his paper "Psychodynamics of depression from the etiologic point of view" (1951), Rado stated, "At the present stage of inquiry an investigative program must include the *physiologic* and *genetic* aspects of this emotional overreaction. In our view, this problem is of surpassing importance to the psychodynamics of all disordered behavior" (p. 241). In the development of adaptational psychodynamics, Rado (1946) reported: "This theory is the new biological foundation upon which to rebuild the structure of psychodynamics, with the point of view of adaptation and survival as the cornerstone, and W. B. Cannon's concept of emergency function as one of the main pillars" (p. 169). Rado used the concept of emergency emotions, based on Cannon's physiological studies of the flight-flight system, to explore the development of neurosis as "failures of emergency adjustment" (1950, p. 228).

For example, Rado (1939) described how anxiety begins as a reflex-like response, the "anxiety reflex" (p. 133), which later develops into a higher order, more intellectual, "fear reflex" (p. 133). The fear reflex responds appropriately to sense perceptions of actual or realistic danger. However, if the fear reflex does not develop adequately, and the anxiety reflex persists, the ego is subject to anxiety attacks about unrealistic dangers, a dysfunction of the system of emergency measures. Thus, "The organism may overreact to danger or make emergency responses in the absence of actual danger" (1950, p. 228). "Designed to warn the organism of damage, the emergency emotions thus become a damage to the organism in themselves" (1950, p. 228). In addition to panic attacks, this over-reactive emergency anxiety system can lead to the development of phobias and hypochondriasis. Ultimately, Rado described how failures of emergency emotions can lead to the development of depression, war neuroses and a variety of other syndromes. Rado further developed a hierarchy regarding how the emergency system operated in brain and mind, from the more primitive, physiologi-

cally-based, reflex-like reactions of the hedonic level to the increasingly intellectual, less action-oriented, more thought out reactions of the emotional, emotional thought, and unemotional thought levels.

These early forays into elucidating the complex connections between neurophysiology and psychodynamics presaged what has now become a growing area of focus of investigators and theoreticians. Many would agree with Arnold Cooper's comment that: "There can be no question that another century of neuroscience will produce advances that seem unimaginable today, including a richer, more nuanced understanding of such human qualities as emotional responsiveness, unconscious mental processing, chronic resentment, self-damaging behaviors, self-pity, persistent avoidance of loving and gratifying relationships, and resistance to change" (Cooper, 2005, p. 60). However, other psychoanalysts, such as those with a hermeneutic viewpoint, would argue that the potential impact of neuroscience on our understanding of and clinical work in psychoanalysis is limited at best, and that our energies are best focused on meaning, interpretation, and narration within the analytic setting. A subsequent paper will summarize the current status of our neurobiological understanding of the mind and explore how experts envision this knowledge affecting psychoanalysis in the future.

#### *Psychoanalysis and Research*

Rado was an early proponent of psychoanalytic research. Long before current day pressures to systematically demonstrate the effectiveness of psychodynamic treatment he determined that "...the first item on our agenda must be to improve the scientific standards of clinical observation and description..." (1951, p. 241). He called for an "increasingly rigorous application of the scientific method to psychoanalytic work" (1955, p. 335), and stated, "To fulfill our obligations here as well as in medicine we must concentrate on fundamental research in psychodynamics..." (1946, p. 172). This was also an important factor in his establishment of the Columbia Center for Psychoanalytic Training and Research. In his paper "Scientific aspects of training in psychoanalysis" Rado (1934-1937) noted that his hope was "to establish in our Institute a small mental hospital for psychotic in-patients and a department for neurotic out-patients that would serve the purposes of both teaching and research" (p. 124). And in a follow-up, he echoed the frustration of many researchers: "For lack of funds these key projects have not yet been accomplished" (1934-1937, p. 124).

Unfortunately, despite the current “buzz” about the new era of psychoanalytic research, psychoanalytic research is barely out of the starting gate as other modes of treatment approach the home stretch. Questions abound as to how to best study psychoanalysis: whether to assess outcome or process variables, to test psychoanalysis or psychodynamic approaches to specific disorders, to monitor standard psychiatric measures of outcome or to include assessment of psychodynamically based concepts, such as shifts in object representations. Funding for any large studies remains a significant problem. As discussions and the limited research proceed, psychoanalysis continues to be minimized in treatment approach guidelines employing evidence-based criteria.

What is the current status of psychoanalytic research? How do the studies of the Columbia University Center for Psychoanalytic Training and Research compare to those of other institutions? What studies should we be doing? What are the arguments of those who continue to oppose research? A future paper will focus on clarifying these current controversies and identify where to best focus research efforts.

#### *Psychopharmacology and Psychoanalysis*

Understanding the links between and integration of psychoanalysis and psychopharmacology remains a crucial task for the modern psychoanalyst. Psychotropic medication should always be considered in the evaluation of a patient and is often prescribed. Psychoanalysts have described how transference/countertransference factors can affect medication decisions and how meanings of medication can affect compliance.

Although modern psychotropic agents were not available for most of the time that Rado was writing, he described early in his career how drugs, some pharmaceutical agents and others drugs of abuse, can affect the patient in psychodynamic terms. He noted that sedative, hypnotic and narcotic agents form a “Protective shield against stimulus from within” (1926, p. 34), and that stimulating agents promote ego functions. On the other hand intoxication leads to “Subjugation of the ego by the id” (1926, p. 34). In his paper “The psychoanalysis of pharmacothymia (drug addiction)” (1933) he presaged current self-medication theories about drug addiction. He stated that certain individuals were vulnerable to drug addiction because they had difficulty tolerating the reduction of megalomania that they had as children.

They react to frustration with an affect he described as “tense depression” (p.67). It is this ego weakness and affective state that render the individual vulnerable to the euphoric states induced by drugs. The ego maintains its magical omnipotence through drug use: it obtains a real satisfaction just by wishing.

Of importance to current psychoanalysts is how to best integrate psychotherapeutic and psychopharmacologic treatments, both theoretically and clinically. Such an integration has been difficult for psychoanalysts, exacerbated by their prior animosity toward medication. In describing psychodynamic factors involved in the impact of drugs and medications, and by looking at the physiology of affective states, Rado’s theories suggest one means of understanding how these treatments work synergistically: Medications can act “bottom up” by affecting the brain’s emergency systems that have gone awry on a chemical level, while psychoanalysis acts “top down” via its impact on the brain’s unemotional and emotional thought levels.

The debate about how to best integrate these treatments continues. For example, Roose and Johanet (1998) contend that psychoanalysis and psychopharmacology are inherently in conflict, whereas Cabaniss (1998) and Sandberg (1998) argue for a shifting perspective on the patient that allows alternating psychoanalytic and psychopharmacological assessments and interventions. Debate continues on whether the analyst or a consulting psychopharmacologist should prescribe the medication. The upcoming article on medication and psychoanalysis will focus on our current understanding about integrating these treatments, and how to best combine these treatments clinically.

#### *Psychoanalytic Approaches to Specific Disorders*

Beginning with his earliest writings and throughout his career, Rado made attempts to understand psychopathology using psychoanalytic knowledge. In his paper “The problem of melancholia” (1928), Rado focused on the theme of narcissistic vulnerability in depressed patients, noting their intense need for responsiveness from others and severe disappointment when the responses did not meet their expectations. This disappointment led to a lowering of self-esteem. Rado stated: “Those predisposed to depression are, moreover, wholly reliant and dependent on other people for maintaining their self-esteem; they have not attained to the level of independence where self-esteem has its foundation in the subject’s own achievements and critical judgment” (1928, pp. 48–49). In his paper “Psychodynamics of depression from

the etiologic point of view” (1951), Rado shifted his view of depression to “a desperate cry for love, precipitated by an actual or imagined loss...” (p. 236). Rado believed that depression was a self-punishment aimed at getting back the loved one via repentance. Repentance takes over when angry coercion fails and anger is turned toward the self. In addition the psychodynamics of depression, Rado described the development of anxiety disorders as well as several other disorders through the mechanism of emergency dyscontrol, as noted above.

Increasingly, it has become important for psychoanalysts to develop theories and techniques for specific disorders. This approach is of value in refining our treatment of specific syndromes, and is critical if we are to develop manualized testable approaches considered essential for research in evidence based medicine. Treatment manuals have been developed for psychodynamic approaches to panic disorder (Milrod, et al, 1997) borderline personality disorder (Kernberg et al, 1989), and depression (Busch et al, 2004). Some psychoanalysts, however, would contend that such focused treatment approaches lose the flexibility and free associative character of psychoanalysis, and disrupt in depth exploration of conflictual issues that go beyond specific syndromes. A future paper will explore the current status of these treatments as well as potential benefits and problems associated with them.

#### *Psychoanalysis and Diagnosis*

As we are all aware, the unsystematic psychodiagnostic system of the early psychoanalysts has been replaced by a more systematic manual that eschews psychoanalytic theory. Psychoanalysts have often argued that the baby was thrown out with the bathwater with the exclusion of meaning and theory and its replacement by a presumptively atheoretical criterion-based classification system. However, others (Faust and Miner, 1986) have argued that the atheoretical approach in DSM is a myth because the suppositions and presumptions of the DSM systems are rife with theory. In addition they suggest the attempt to root out theory and inference in the DSM is wrongheaded, as theory and inference are crucial to the development of science. Finally, by emphasizing criteria that can be used to develop reliability for research assessment, “...promising but stubbornly unreliable observations may not be given their just due” (p. 965).

Although not involved in diagnostic classification per se, Rado was interested in defining modes of observation, which he referred to as inspection and introspection. Inspection involves examination of

the world through our senses, introspection designates examination of thoughts and feelings. Referring to the latter half of the nineteenth century, in which investigators “had conclusively demonstrated that the physiological sciences...formed the much needed basis for clinical practice” (Rado, 1956, vol. 2, p. 11), Rado (1956) stated, “Unfortunately, the great investigators of that period, fascinated by the success of measurement and exactitude, came to view the physiological approach as the only scientific method in medicine and, accordingly, identified the organism with the theoretical construct known as the physiological organism. The material of consciousness was excluded from science because it could not be put on public display for verification. Thus, to this school of thought, the proper object of medical study was the human being without a mind” (p. 11). Rado (1961) also addressed the problems of observation without theory: “While there is no theory without observational foundation, only a theory can inspire and guide systematic observation” (Vol. 2, pp. 153–154).

At the present time debate continues as to how to best classify psychiatric disorders and efforts persist to include a more psychoanalytic perspective in the DSM. Arguments have been made for the use of dimensional rather than categorical systems, which would allow for greater inclusion of psychodynamic observations. Westen and Shedler (1999a, 1999b) and Kernberg (1975) have suggested psychodynamic dimensional systems for personality disorders. A defense mechanism axis is included in the appendix of DSM-IV-TR (American Psychiatric Association, 2000), but its place in future DSM’s is unclear. Arguments pro and con for reinstating the psychoanalytic perspective in the DSM, along with how best to do so, will be the focus of a future article.

#### *Conclusion*

The area of psychoanalysis and psychiatry has often been relegated to secondary status for psychoanalysts, viewed as outside the purview of the analyst at work with the patient. This attitude likely accounts for the lack of focus on works of thinkers like Sandor Rado. However, this brief overview hopefully conveys the importance of evaluating the relevance of these ideas to our theory and practice. Rado (1951) averred that, “Our responsibility is to keep pace with the general advance of science, evolve a sound, consistent, and verifiable conceptual scheme, and keep it continuously up to date” (p. 242). The advances of psychiatry and neuroscience require us to more systematically assess

our treatments, and reexamine the relevance of psychoanalysis to psychiatry. This section of the bulletin should help to clarify some steps for pursuing these goals.

## REFERENCES

- American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders, 4<sup>th</sup> edition, Text Revision*. Washington, DC, American Psychiatric Press, 2000.
- Busch FN, Rudden MG, Shapiro T: *Psychodynamic Treatment of Depression*. Washington, DC, American Psychiatric Press, 2004.
- Cabaniss DL: Shifting gears: The challenge to teach students to think psychodynamically and psychopharmacologically at the same time. *Psychoanalytic Inquiry*, 18 (5): 639–656, 1998.
- Cooper AM: Biology and the future of psychoanalysis, in Kandel RE: *Psychiatry, Psychoanalysis, and the New Biology of Mind*. Washington, DC: American Psychiatric Press, 2005, pp. 59–62.
- Faust D, Miner RA: The empiricist in his new clothes: DSM-III in perspective. *Am J Psychiatry*. 143 (8): 962–967, 1986.
- Kernberg OF: *Borderline Conditions and Pathological Narcissism*. New York: J. Aronson, 1975.
- Kernberg OF, Seltzer MA, Koenigsberg HW et al: *Psychodynamic Psychotherapy of Borderline Patients*. New York, Basic Books, 1989.
- Milrod BL, Busch FN, Cooper AM, and Shapiro T.: *Manual of Panic-focused Psychodynamic Psychotherapy*. Washington, DC, American Psychiatric Press, 1997.
- Milrod BL and Busch FN: Prologue to the issue Psychoanalytic research: current issues and controversies. *Psychoanalytic Inquiry* 23 (2): 211–217, 2003.
- Rado S: Adaptational psychodynamics: a basic science, in *Changing Concepts of Psychoanalytic Medicine*. New York: Grune and Stratton, 1955. In *Psychoanalysis of Behavior. Collected Papers Volume One: 1922–1956*. New York: Grune & Stratton, 1956, pp. 332–346.
- Rado S: Developments in the psychoanalytic conception and treatment of the neuroses. *The Psychoanalytic Quarterly*, 8: 427–437, 1939. In *Psychoanalysis of Behavior. Collected Papers Volume One: 1922–1956*. New York: Grune & Stratton, 1956, pp. 130–138.
- Rado S: Emergency Behavior, in *Anxiety*. New York: Grune and Stratton, 1950. In *Psychoanalysis of Behavior. Collected Papers Volume One: 1922–1956*. New York: Grune & Stratton, 1956, pp. 214–234.
- Rado S: Psychodynamics as a basic science. *American Journal of Orthopsychiatry*, 16: 405–409, 1946. In *Psychoanalysis of Behavior. Collected Papers Volume One: 1922–1956*. New York: Grune & Stratton, 1956. pp. 167–172.
- Rado S: Psychodynamics of depression from an etiological point of view. *Psychosomatic Medicine*, 13: 51–55, 1951. In *Psychoanalysis of Behavior. The*

- Collected Papers of Sandor Rado. Volume One: 1922–1956.* New York: Grune & Stratton, 1956, pp. 235–242.
- Rado S: Scientific aspects of training in psychoanalysis. Report for the academic years 1934–1937. New York Psychoanalytic Institute. In *Psychoanalysis of Behavior. Collected Papers Volume One: 1922–1956.* New York: Grune & Stratton, 1956, pp. 124–129.
- Rado S: The contribution of psychoanalysis to the medical study of behavior. *The Journal of Nervous and Mental Disease*, 123: 421–427, 1956. In *Psychoanalysis of Behavior. Collected Papers Volume One: 1922–1956.* New York: Grune & Stratton, 1956, pp. 11–20.
- Rado S: The problem of melancholia. *The International Journal of Psychoanalysis*, 9: 420–438, 1928. In *Psychoanalysis of Behavior. Collected Papers Volume One: 1922–1956.* New York: Grune & Stratton, 1956, pp. 47–63.
- Rado S: The psychic effects of intoxicants: an attempt to evolve a psychoanalytical theory of morbid cravings. *International Journal of Psychoanalysis*, 7: 396–413, 1926. In *Psychoanalysis of Behavior. Collected Papers Volume One: 1922–1956.* New York: Grune & Stratton, 1956, pp. 25–39.
- Rado S: The psychoanalysis of pharmacothymia. *Psychoanalytic Quarterly*, 2: 1–23, 1933. In *Psychoanalysis of Behavior. Collected Papers Volume One: 1922–1956.* New York: Grune & Stratton, 1956, pp. 64–80.
- Rado S: Toward the construction of an organized foundation for clinical psychiatry, *Comprehensive Psychiatry* 2:65–73, 1961. In Rado S: *Psychoanalysis of Behavior. Collected Papers Volume Two: 1956–1961.* New York: Grune & Stratton, 1962, pp. 152–162.
- Roose SP, Johannet CM: Medication and psychoanalysis: Treatments in conflict. *Psychoanalytic Inquiry*, 18 (5): 606–620, 1998.
- Sandberg LS: Analytic listening and the act of prescribing medication. *Psychoanalytic Inquiry*, 18 (5): 621–638, 1998.
- Westen D, Shedler J: Revising and assessing axis II, Part I: developing a clinically and empirically valid assessment method. *Am J Psychiatry*. 156 (2):258–72, 1999.
- Westen D, Shedler J: Revising and assessing axis II, Part II: toward an empirically based and clinically useful classification of personality disorders. *Am J Psychiatry*. 156 (2):273–85, 1999.

## BRIEF REPORTS

I developed the concept of brief, timely reports on the APM and related meetings with the support of the Program Committee, of which I'm a member, and George Sagi. The 2004–2005 year was the first full year of the reports; unfortunately there are not write-ups for every meeting. My goal has been to produce short, informal segments that are both interesting and informative.

We hope that the future will see these reports enhance the stimulating and collegial community that draws us all to the APM and the Columbia Institute. Future reports may include brief discussions from our membership.

Comments are welcome. Interest in writing either reports or discussion segments is particularly welcome.

Alex Lerman

*Panel Discussion*

Foundations for the Future of Psychoanalysis:  
Perspectives for Theory, Practice, and Research

Presenter: Howard Shevrin

Panelists: Elizabeth Auchincloss, Arnold Wilson

Moderator: Stanley Bone

Presented May 4, 2004

*Stanley Bone*

In his opening remarks, moderator Stan Bone noted the inherent tension between psychoanalytic theory and practice. Many contemporary analytic writers, he noted, have viewed theory as at best offering a sense of false security, and representing at worst equivalents of Freud's doomed effort to win legitimacy for psychoanalysis by casting it in theory and terminology borrowed from the natural sciences. The concept of "theoretical plurality" has been, in some instances, a veil for the abandonment of theory altogether. But can psychoanalysis abandon the effort to establish an integrated theory?

*Howard Shevrin*

Howard Shevrin argued that a theory of motivation remains central to psychoanalytic theory and practice. Psychoanalysis can only emerge as a science through integration of different domains, including those of cognitive psychology and neurobiology. Shevrin cited in particular Panksepp's concept of the "seeking system" as an example of a non-psychoanalytic model that offered correlation and partial confirmation of Freud's classic model of drive, object, aim, and discharge. The aberrant behavior of dopaminergically-stimulated animals, for example, demonstrates a conflation of conditioned and unconditioned stimuli which can be seen as an instance of "functional equivalence," and a rudimentary model of primary process. Convergent evidence from other disciplines can support and guide development of a general psychoanalytic theory, and exclude unsupported branches of theory from consideration.

*Arnold Wilson*

Arnold Wilson noted the tension within psychoanalysis of what he termed the progressive and degenerative processes that govern the development of all fields of knowledge. Novel ideas within a discipline represent both a response to internal pressures to change, as well as an expansion into and from other fields; degeneration represents the complacent focus on the past and the retreat from rival ideas. It is the nature of these processes that they can be known only in retrospect.

Psychoanalysis must distinguish the “core commitments” vital for continuity of the psychoanalytic concept, from peripheral “belt” issues that can and should be subject to evolution. Wilson argued that the core commitments of psychoanalysis are in danger of being lost, and that this is the single greatest danger facing the discipline. Clinical theory constantly renews and refreshes itself. The law of the theoretical jungle dictates adaptation, and lucid analysis of the core commitments within an evolving intellectual world.

*Elizabeth Auchlincross*

Elizabeth Auchlincross argued that the sole relevant test of theory is its ability to assist the clinician at work. The clinical situation is not sufficient to generate theory, yet it is the source of psychoanalysis and the domain in which its ideas exist and work. Unlike Wilson, she feels the clinical situation cannot be separated from the world of psychoanalytic ideas. Since abandonment of Eissler’s formulation of psychoanalytic method, the term “psychoanalysis” has come to include any and all techniques designed to allow patients to explore their deepest psychological life. Clinical psychoanalytic practice requires a theory of psychopathology, yet analysts are notoriously ill-equipped to engage issues of “normalcy” and mental health.

But core commitments remain. One is that of analysts be of help their patients. The issue of who can and can’t be helped by analysis is generally underemphasized at training institutes. Psychoanalysis needs more research into its efficacy and failings. Once-sacrosanct clinical concepts such as that of constraint have become issues of controversy. But a dedication to protect patient’s autonomy, including autonomy from analysts themselves, is a commitment that separates analysts from practitioners of other techniques.

Psychoanalysis presents opportunity to observe the operation of the human mind at a level of complexity beyond any other. Freud saw free association as way to explore the unconscious, and did not grasp the manner in which free association mirrors the function of mind and brain. The problems facing the field are due less to epistemological problems, or “degeneration,” than to the complexity of data an analysis produces. Contemporary neuroscience has confirmed that most mental life is unconscious, the existence of non-linear processing, and appears to be nearing description of unconscious motivation. Theoreticians such as Shevrin offer vision of how psychoanalysis can offer more than to say “I told you so,” but rather guide non-analytic research, and sharpen the ability of analytic clinicians to do their work.

## Contraindications to Analysis

Presenter: Herbert Schlesinger

Discussant: Fred Lane

Presented January 4, 2005

In a provocative presentation, Herbert Schlesinger PhD argued that there exists a select group of seemingly appropriate candidates for psychoanalysis for whom the treatment is not only not helpful, but actively destructive, removing neurotic inhibitions and affording free play to acting-out motivated by core narcissistic and antisocially-tinged character impulses which are themselves beyond the reach of treatment. Dr. Schlesinger's presentation gained piquancy through his elaboration as it occurs when the analysand is a candidate in analytic training. Such individuals, he maintained, are prone to terminate their analysis as soon as their neurotic distress has been relieved, to move through training by gaining fluency in theory and supervision reportage, frequently advocating fringe or esoteric theorists in an effort to assure themselves of their iconoclastic mastery of the analytic discipline. In positions of authority, such individuals are inclined to sadism with trainees, and empathetic failure with their patients. Early recognition of severe but masked narcissistic character pathology, Schlesinger said, affords the analyst an opportunity to focus on character issues from the outset. He gave a vignette illustrating this process: Observation and elaboration of an analysand's concealed rage following a helpful interpretation.

Fred Lane MD took issue with Dr. Schlesinger's grim view, noting the increased capacity of analysts to treat narcissistic character pathology, and observing that candidates such as Schlesinger described are likely to drop out of the analytic community. It was unclear from the clinical data provided to what extent Schlesinger and Lane were describing the same type of pathology, or whether Lane's view applied to a less unusual and more treatment-accessible type of individual.

The Times We Sizzle, and the Times We Sigh:  
The Multiple Erotics of Arousal, Anticipation, and Release

Presenter: Jody Messler Davies

Discussant: Lucy LaFarge

Presented on February 1, 2005

In her ambitious presentation, Jody Messler Davies, Ph.D. laid out what amounted to a general theory of sexuality heavily derived from Loewald and particularly Fairbairn: Sexual arousal represents the activation of two distinct “dissociated erotic imagos” of the erotic maternal object from infancy. The “good” imago promises acceptance and satiety, the “bad” unremitting excitation, power, and shame. Davis described a dialectic she termed “the sexuality of lightness and dark”. Sexuality develops in infants and children in deep secrecy, un-shaped by parental ego supports (as opposed to the way healthy parents help their children modulate rage and other affect states), with the result that infantile sexual arousal is inherently traumatic, leading to dissociation and primitive object introjection. In adult sexual life this can result in dissociated, paired self-other erotic object relations with, respectively “good” and “bad” exciting objects.

Healthy adult sexuality, including sublimation, Davies postulated, rests upon the “fragile developmental capacity” to integrate these aspects of the primal psyche, along with the capacity of the ego to tolerate the masochistic aspect inherent to sexual arousal, strengthened by the anticipation of eventual gratification. Only then can the self-other boundary be bridged. Through provision of a transitional space of reflection and play, psychoanalysis can help.

Davies took particular care to distance herself from that other purveyor of both Fairbairn and sexuality, Otto Kernberg, noting that when she spoke of “perversion” she did so in quotes and in lower case. Aggression, and all aspects of drive theory were absent from her presentation. Though Davies invoked Freud at the start of her presentation, psychosexual regression was not discussed, and the role of oedipal development was noted only in passing. Also absent from her discussion was consideration of any form of psychopathology. Homosexuality was addressed only in reference to the ubiquity of such fantasies and impulses. Davies made extensive reference to the case of Rose, an emotionally healthy woman in her mid-seventies who sought analysis to work through the confusion engendered by her sexual awakening in a relationship with a lover following the death of her husband, with whom she had enjoyed a long but sexually inhibited marriage.

## The Coming Changes in Psychoanalytic Education

Presenter: Otto F. Kernberg

Discussant: Harold P. Blum

Presented Tuesday, March 1st, 2005

In a wide-ranging critique of psychoanalytic training and the structure of the organizations that provide it, Otto Kernberg denounced what he views as critical failings that he believes represent a “crisis” for the field as a whole. These include a “suicidal” neglect of research, instead of a profession-wide commitment to empiric validation of psychoanalysis and psychotherapy which training institutes should champion; a failure to foster academic diversity in both candidates and through a multi-disciplinary curriculum; a tendency among training analysts (TAs) to build their practices on training cases, with resultant distortions of technique and transference; concentration of administrative power in the hands of an “elite” cadre of training and supervising analysts; and a mistaken assumption that training in psychoanalysis is directly transferable to psychotherapy, which leaves candidates poorly procured for the therapeutic practice to which most of them will devote the both of their careers.

Kernberg noted historic tension between analytic training institutes and societies, and called for better integration between the two, with executive leadership of the institute elected from the society membership. He additionally called for psychotherapy to be specifically and distinctly included in the analytic curriculum; a commitment to multidisciplinary curriculum, with training in research; separation of TA and supervisory/administrative functions, with no TA to take more than three training cases at a time; and evolution of the board of professional standards to a bicameral body free from political forces, dedicated to promoting accreditation of candidates and institutes based on objective standards of competence.

Speaking in response, Harold Blum acknowledged the need for ongoing reform in psychoanalytic education, but maintained that such a process has been in effect for decades. Systematic psychoanalytic training began in Berlin in the 1920's with an emphasis on hierarchy, secrecy, and enforced orthodoxy. Much progress has been made since that time in the evolution of more “user friendly” approach to both theory and training.

While Blum did not take specific issue with some of Kernberg's more radical suggestions, he appeared to imply that such measures were unnecessary.

Something Borrowed: How Mutual Influences Among  
Gays, Lesbians, Bisexuals, and Straights Changed  
Women's Lives and Psychoanalytic Theory

Presenter: Ethel Person

Discussant: Susan Vaughan

Presented on May 3, 2005

Freud's fundamental error when it came to women, as viewed by Ethel Person, lay not in his theory of sexuality, but his neglect of a theory of power until late in his creative career. The cigar aficionado's infamous equation of femininity with masochism and irreparable narcissistic injury, Person maintained, was unwittingly guided by cultural forces dedicated to the repression of women, cultural forces within the grip of which Freud himself was helpless. The current of homosexual liberation in recent decades, according to Person, has helped to move women and minorities, as well as formerly frozen men, to a freer world of personal power and emotional possibility. In a celluloid journey later enhanced by discussant Susan Vaughan's visual images of Johnny Weissmuller in bulging trunks, Marlene Dietrich in a tuxedo, Dustin Hoffman's Tootsie and Marlon Brando's Stanley Kowalski, Person illustrated how disguised homosexual imagery in film undermined the long-prevailing assumptions about men and women. While many may decry the influence of modern mass culture, Person finds in its imagery the opportunity for play and emotional growth. Fads represent a form of fantasy of contagion frequently with powerful homoerotic undertones. The borrowing of homosexual fantasy offered women the capacity to fantasize, often unconsciously, and experience themselves as sexual and personal subjects, and likewise affords men a chance of liberation from the gray suit of emotionless masculine power into an experience of their own sexual voltage.

For Person, the 1969 Stonewall riots represented a transcendent moment of empowerment, not just for gay men and women, but a theme echoed by Vaughan for humanity as a whole. The tone of the presentation was celebratory, and illuminated by a theme of progress.

A powerful, and for many, frightening fad of our time in which homophobia and religious fundamentalism have joined a brew of big-money politics and the impulse to wars of conquest remains the subject for another evening's discussion.

SANDOR RADO LECTURE  
Rethinking Transference: From Connectionist Networks  
To the Consulting Room

Drew Westen

Presented June 14, 2005

Sigmund Freud's recognition of the inadequacy of his own ideas represented a critical generative force in the origin and early development of our field. No failure of Freud's was more complete or influential than that which led to his 1895 abandonment of the "Project for a Scientific Psychology", which set out "to furnish a psychology that shall be a natural [i.e. neurobiologically-based] science." It is to this undertaking that Drew Westen returns, more than a century later. Westen based his address on two distinct and only indirectly-related studies. The first and far denser section of his presentation offered data on functional MRI scanning. Westen's research appears to demonstrate observable physiologic data (based on observations of metabolic activity in particular brain regions) which elaborate the process by which individuals emotionally committed to the correctness of particular ideas (Westen studied partisans in the 2004 presidential election) manage to ignore factual material which contradict their own preconceptions through: a) Suppression of activity in the insula/ anterior cingulate gyrus/lateral orbital frontal cortex and other areas linked to negative affect; b) Activation of hippocampal areas seemingly to recruit memories supportive of foregoing preconception; and c) Activation of ventral striatal "reward areas" in the midbrain in a form of primitive operant conditioning - all undertaken in the ABSENCE of activity in the dorsolateral prefrontal cortex, associated with rational thought. Suppression of dissonant cognition did not take place when the same subjects rated non-emotionally charged material, nor was the dorsolateral prefrontal cortex inactive when neutral subjects were under consideration.

Westen's second data set is based on questionnaire-based studies of transference among randomly-selected patients, which he stated produced data that allowed patients to be classified in a manner uncannily similar that afforded by Main's Adult Attachment Interview. Transference, Westen maintains, reflects the "activation" of two distinct neural systems: A "Cognitive Constraint Satisfaction" system that is a simple associational matrix consistent with conditioning models; and the "Hedonic Activation System" captured in his fMRI studies of

the suppression of cognitive dissonance in political subjects. Westen emphasized the importance of what he termed “real” (i.e. non-transferential) factors in the generation of transference: the age, gender, and authoritative status of the analyst, and referred to the “activation” of distinct transferential paradigms in different patients in a manner that could be correlated with specific psychopathology (e.g. borderline, narcissistic) that could itself be established on the basis of direct, non-theoretical observation, such as the rating scales he distributed to his clinician-subjects. Westen’s work is impressive in its audacity of its ambition, the breadth of its scope, the variety of research methodology employed, and the seeming empirical clarity of his data in a field notoriously poor in studies of this kind. But has he truly won the day on the field where Freud conceded failure? Many arguments could be summoned to a contrary view. To cite a few: Westen’s metapsychology appears confined to Freud’s own earliest topographic model; his view of “transference” is, presumably for research purposes, simplified to the point of near-unrecognizability; the relationship between the neuroscience and clinician-survey studies he describes is minimal and his attempt to link them, strained; the remarkable similarity between his findings and those of attachment theory in all likelihood reflect their shared reliance on methodology-friendly observational data sources. Westen describes how neuroscientists have shifted in the past decade to a brain-based, from their foregoing computer-based, “metaphor of mind.” His apparent success in demonstrating the neurobiologic process involved in a primitive repressive defense is unlikely to break new ground in psychoanalytic understanding but nonetheless represents an impressive scientific achievement. His work may gain a new hearing in formerly-hostile quarters for truths psychoanalysts have long taken for granted; but then again, Westen’s own research reminds us that there are truths we refuse to see, reflecting how all too often we are subjugated to forces that have little to do with reason.

*Panel Discussion*

Talking About Medication: On The Use Of  
Medication During Psychoanalytic Treatment

Presenters: Robert Glick and Steven Roose

Panelists: Wendy Olesker, Larry Sandberg

Presented October 11, 2005

The observation of diminished psychotic symptoms in psychiatric patients used as human subjects in trials of an experimental anesthetic drug chlorpromazine, first reported in the early fifties, heralded a seismic transformation of the theory and practice of psychiatry, the reverberations of which continue to the present day. Long passed is the era when Somatic Therapies, as contemporary references termed them, were reserved by knowledgeable clinicians for severe mental disorders; so too that when patients requiring medication would have been deemed unsuitable for analysis.

Glick and Roose's presentation was predicated on the appropriateness of concurrent psychoanalytic and pharmacologic treatment. Roose who has been a collaborator on a series of related publications, noted the frequency of concurrent DSM-IV affective disorders in one series of analytic treatments. While the subject of what threshold for initiating medication treatment in analysis was not discussed, Roose appeared to implicitly support the idea that many patients meeting DSM criteria during analysis should receive medication, and that failure to consider such treatment is a clinical error. Glick and Roose's topic this evening was what they described as the countertransferentially-weighted reluctance of analysts to consider medication-related discourse as analytic material, and the importance of their doing so. He identified three domains: Conflict that provokes loss of curiosity among analysts working with concurrent therapies, with an idealizing transference to psychoanalysis on the part of the analyst and conflict about betraying convictions that psychoanalysis represents a real treatment by use of medication; forbidden pleasures, i.e. administration of drugs as both a boundary violation, and a violation of analytic abstinence; and a fear of doing harm, with particularly difficulty tolerating inflicting medication-related side-effects on patients.

Glick and Roose used a series of case vignettes, in which an analyst initially ignored the analytic implications of the analysand's experience of weight gain, and another when there was a sexual side-effect, where the analyst insisted that a patient's inhibited masturbatory ac-

tivity had to reflect the physiologic effect of the drug (rather than considering transference-related factors which later appeared central to the turn of events). In each instance, the analyst later recognized and corrected the error, with corresponding progress in the treatment.

Wendy Olesker, a psychologist, argued that medication-related issues in analytic work are mercurial and likely to defy Glick and Roose's classification effort. She presented the case of a severely depressed incest victim, for whom an analytic impasse was broken through the use of medication, allowing both analyst and patient to accept and mourn the irreparable aspects of the patient's past, and leading to a good if partial treatment response. This example was contrary to a rule of thumb for some that mid-phase initiation of medication represents a particularly difficult problem.

Larry Sandberg echoed Glick and Roose's, and Olesker's acceptance of the role of drugs in analytic treatment, albeit with ambivalence and caution. Among the concerns he raised were: Limits on the depth of regression and thus therapeutic power of concurrent treatment, un-analyzable qualities of enactment, and corrosion of analytic identity among candidates. All three psychiatrists on the panel appeared to agree that experience has led them to avoid prescribing to their own analytic patients. Of note, the medication used in every instance discussed was an SSRI antidepressant. No consideration was given to (nor would time allow) consideration of polypharmacy, use of mood stabilizers, stimulants, or benzodiazepines, or the controversies surrounding Bipolar II depression and dysthymia.

If the practice of psychopharmacology by the evening's speakers is any guide, the prescription-pad may have earned admittance to the analytic consulting-room, but only in its safest and simplest incarnation. Or perhaps the specter of Somatic Therapy is still reserved for patients most analysts would deem inappropriate for the couch, and it is only the goalposts that have changed, retreating backwards as psychotropic drugs increasingly become the way of the American mind.

## CANDIDATE BIOGRAPHIES

### Editor's Note

The Bulletin has often included brief biographical sketches of the candidates entering and graduating from the Columbia Institute as a service to our community. The last issue of the Bulletin had bios for the candidates that graduated in the Spring, 2001, and for the class that began in the Fall, 2001. In order to begin catching up this issue will include bios of the incoming and graduating candidates from 2002 and 2003. Our next issue will bring us up to the present with the bios of candidates from 2004 and 2005.

The information you will find below is the information that was provided at the time of the New Candidates Dinners and Graduation Dinners for each candidate.

### NEW CANDIDATES

2002

**Hillery Bosworth, M.D.** attended Yale University where she received her B.A. in history in 1991. She received her medical degree from Louisiana State University School of Medicine in 1997 and completed her psychiatric residency at NYU Medical Center, where she was chief resident. Dr. Bosworth is currently an Assistant Professor of Clinical Psychiatry at NYU Medical Center and Assistant Unit Chief on the residency training unit at Lenox Hill

**Lisa Piazza, M.D.** graduated from Barnard College in 1985 and received her medical degree from Cornell University Medical College in 1991. After completing her psychiatric residency at Payne Whitney, she completed a fellowship in Research and Pharmacology where she studied antidepressants and sexual side effects from 1996-1998. Dr. Piazza also attending the psychotherapy program given at the New York Psychoanalytic Institute. Dr. Piazza is also a world class fencer who has qualified and participated in world competitions.

**Aneil Shirke, M.D.** received his B.A. from Johns Hopkins University and then went on to receive his M.D./Ph.D. in Physiology of Biophysics from the University of Iowa in 1998. Dr. Shirke has just recently graduated from the P.I. residency. He continues at P.I. to pursue his research interests of the neurophysiology in rat brain tissue. He is also an on-call doctor at Four Wind Hospital in Katonah and St. Vincents and works at the Columbia Presbyterian Medical Center Homeless Outreach Program

**Barry Stern, Ph.D.** graduated from Cornell University with his B.S. in 1989. He received his Ph.D. in clinical psychology from the University of Missouri-Columbia in 1999. After an internship at NY Presbyterian/Cornell Medical Center, he completed a fellowship there focusing on personality disorders, personality assessment and psychoanalytically oriented individual and group psychotherapy. He is currently working as a member of the research team with Dr. Otto Kernberg of the Psychotherapy Research Project at the Personality Disorders Institute. He is also designing a self-report schedule on Jewish identity through the Department of Psychology of Columbia University.

**Richard Sugden, Ph.D.** received his B.A. from the University of South Florida in 1980 and his Ph.D. in clinical psychology from Long Island University in 1999. While completing his internship at Long Island Jewish Hospital/Hillside, he worked at the Washington Heights Community Service. There he conducted research on HIV and severe mental illness. He also has done research on attachment, culminating in his dissertation "Attachment and processing bias". Dr. Sugden is currently the assistant to the director of the Department of Psychology at NYSPI and also maintains a private practice. He continues to work with the Washington Heights Community Service.

**Lena Verdeli, Ph.D.** received her Ph.D. in clinical psychology from Yeshiva University. After an internship at Columbia she began work at her current position as coordinator of the Psychotherapy Core of the Child Intervention Research Center at NYSPI. In addition to teaching graduate psychology courses at Teachers College, she is the principal investigator of a NARSAD grant for research to develop a preventive intervention for adolescent children of bipolar mothers. She will be a member of the Center's Affiliate Scholar Program.

## 2003

**Soh Agatsuma, M.D.** first received his B.A. in German Language and Literature from the University of Tokyo in 1994. He went on to receive his medical degree from Osaka University Medical School. After completing a rotating internship at the U.S. Naval Hospital in Okinawa, he began a psychiatric residency at Osaka University Medical School. Since 2000, he has been a resident at Albert Einstein School of Medicine/Montefiore. Dr. Agatsuma is currently working with Yasuhiko Taketomo on a Japanese translation of Jonathan Lear's *Open Minded: Working out the Logic of the Soul*.

**Andrew Gerber, M.D.** graduated from Yale University with a B.S. in physics in 1993. Upon graduation from Yale, he pursued advanced training at the Anna Freud Centre, University College in London, receiving a M.Sc. in psychoanalytic developmental psychology. He is currently continuing his studies towards a Ph.D. His thesis is entitled "Psychodynamic psychotherapy for severe personality disorders: a quantitative study of treatment process and outcome". Dr. Gerber received his medical degree from Harvard in 2001 and his currently a PGY III at Payne Whitney.

**Naomi Gwynn, M.D.** attended Rutgers University where she received her B.A. She received her medical degree from UMDNJ/New Jersey Medical School and just completed her psychiatric residency at Albert Einstein College of Medicine/Montefiore in June 2003. During the past year, Dr. Gwynn has been a member of the Center's research team, where she has been examining the use of medication throughout the course of analysis. She is also participating in the development of the Psychodynamic Psychotherapy Skills Test for psychiatric residents.

**Anne Hoffman, Ph.D.** graduated from Cornell University with an A.B. in English. She continued her studies at Columbia University, receiving a Ph.D. in English and Comparative Literature in 1977. She is currently a Professor of English at Fordham University. Her past research interests have focused on representations of body and gender in narrative and theoretical texts. This year she was awarded a fellowship which she will use to study a psychoanalytically informed approach to reading the rhetoric of embodiment in literary and theoretical texts.

**William Olcott, M.D.** received his B.A. in history from Dartmouth College in 1993 and went on to receive his medical degree from the Columbia College of Physicians and Surgeons in 1998. He completed his psychiatric residency at P.I. and is currently a child psychiatry chief resident.

**Sandra Park, M.D.** received her B.A. from Barnard College in 1992. Prior to attending medical school, she completed pre-med requirements at Columbia University and worked as a research assistant in the Department of Developmental Psychobiology at NYSPI where she assisted in developing a rat model of sudden infant death syndrome. In 1999, she received her medical degree from the State University of New York at Buffalo. She just completed her psychiatric residency at Payne Whitney, where she was co-chief resident.

**Susan Scheftel, Ph.D.** is the first candidate at the Center to enroll in the **Child Psychoanalysis** only track. She received Ph.D. from the clinical psychology program at City University. She did an adult internship at Albert Einstein College of Medicine and continued in the Einstein complex working variously on the adult inpatient service, the consultation liaison service and as a supervisor in the psychology department. Susan has been an adjunct instructor and supervisor in the clinical psychology program at Teachers' College, Columbia University and the clinical psychology program at Yeshiva University. Dr. Scheftel subsequently completed the Center's Parent-Infant Psychotherapy Training Program from 2000–2002 and has been teaching a course on infancy research for the Manhattan Institute for Psychoanalysis. She has been in private practice since 1985. Dr. Scheftel is married and has two children, ages 10 and 17.

**Anthony Val Raiteri, M.D.** graduated from Emory in 1990 with a B.A. in literature. Upon completing his pre-med requirements at the University of North Carolina, he received his medical degree from Columbia College of Physicians and Surgeons in 1999. Throughout medical school, he has continued his interest in literature and writing. He has had a short story published and was active in the Four Walls Project, a group that stages readings in N.Y.C. He just completed his residency at Payne Whitney. During 2001–2002, he was a resident fellow at the New York Psychoanalytic Institute

**Susan Turner, M.D.** graduated from Princeton in 1985. From 1985–1987, she taught English as a Second Language in Indonesia, and then in a high school in Georgia. She continued her education by receiving a Masters in Cultural Anthropology from Emory University and then went on to receive her M.D. from the Columbia College of Physicians and Surgeons. She just completed her residency at P.I. where she was chief resident.

## GRADUATES

2002

### **EDITH COOPER, Ph.D.**

Dr. Cooper graduated from Mount Holyoke College with a B.A. in psychology and from Harvard Graduate School of Education with an Ed.M. in Psychology. She received her Ph.D. in Clinical Psychology from Columbia University. Her dissertation research was an investigation of “Quality of Object Relations and Defense Styles as Mediators of Stress Anxiety Among Older Adults.” She completed her internship at P.I., where she now supervises psychology interns.

Dr. Cooper ran an NIH grant in the Department of Anesthesiology at CPMC for 3 years, studying “Psychological Antecedents of Chronic Pain in Herpes Zoster Patients.”

Currently, she collaborates with Dr. Lisa Mellman on a study of long-term psychodynamically-oriented psychotherapy outcome. She is also in private practice.

### **MICHAEL FELDMAN, M.D.**

After graduating from Wesleyan with a BA in Classics, Dr. Feldman returned to his hometown and received his medical school degree at the University of Cincinnati. He completed his psychiatry residency at Massachusetts Mental Health Center-Harvard Medical School where he was a chief resident and was chosen as a Fellow of the American Psychoanalytic Association. He returned to New York and completed a child residency at PI where he received the Sacher Award for Clinical Excellence.

During analytic training Dr. Feldman also was immersed as a NIMH Research Fellow at PI in the area of Adolescent Sexual Identity. He has made numerous presentations at national meetings and has been published in leading journals in the fields of child psychiatry and forensic psychiatry. He has received several grants and currently is the principal investigator on a NIDA funded study of adolescent sexual identity and substance use. In 2001, he took part in the panel on “Being Gay and Becoming a Psychoanalyst” at the Spring meeting of the American and his manuscript of that panel is under review with JAPA.

Dr. Feldman is an Assistant Professor in Clinical Psychiatry at Columbia and is in private practice in Manhattan. He teaches and supervises both in the Adult and Child Psychiatry Residency Training Programs at PI. Currently he is working with the Child Division at the Center to develop a new training program in Psychodynamic Psycho-

therapy for Children and Adolescents. He is the proud uncle of four nieces Alyson, Maggie, Anna and Talia, and godparent to Ben and Josh. Michael graduated from the Psychoanalytic Center in January 2002.

**SONIA KULCHYCKY, M.D.**

After graduating from Barnard College with a B.A. in biochemistry in 1983, she went on to receive her M.D. from Cornell University Medical College in 1987. As a resident in psychiatry at New York Hospital/Cornell Medical Center, she was chief resident from 1990–91. In 1992, she was appointed Assistant Unit Chief of the Borderline Personality Disorders Unit, and in 1994 was promoted to Unit Chief. She was also the Director of the Psychodynamic Track of the Borderline Day Treatment Program. In 1999, Dr. Kulchycky left the inpatient unit and became Director of the Outpatient Personality Disorders Program. She has written and spoken numerous times on borderline personality disorder and schizophrenia.

In April 2002, she left New York Hospital to pursue a private practice. Sonia is married to Dr. Stephan Danyko, and together they are the proud parents of two delightful children: Alexandra, age 4 and Sophia, age 3

**ELIZABETH SCHWARZ, M.D.**

Dr. Elizabeth Schwarz received a bachelors degree and a masters degree from Stanford University. After graduation, she worked as a marine biologist. She went on to receive her medical degree from Rush Medical College in 1990 where she won the Sandoz award for outstanding student in psychiatry. She completed her psychiatric residency at Northwestern Memorial Hospital. She completed child and adolescent fellowship training at the University of Illinois where she was the chief resident and received the AADPRT/Charter Fellow award. After residency, she ran the Children's Anxiety and Affective Disorders Clinics at the University of Illinois, and was assistant training director for the child residency program. She conducted research on the incidence of psychotic symptoms in a non-clinical population of inner city children and on identifying at-risk behaviors for AIDS in inner city children.

After moving to the East Coast in 1997, Dr. Schwarz ran the Adolescent Inpatient Services at New York Hospital Westchester Division and served as associate training director in the Child and Adolescent

Training Program. She has participated in education on the national level as well, working as a Board Examiner for the Child and Adolescent section, and serving on the National Committee for Child Training and recruitment.

Elizabeth is married to Evan Firestone, and together they are parents of twins Jack and Henry, who are four, and Nicholas who is 4 months old. Elizabeth went into private practice treating children, adolescents and adults after Jack and Henry were born. She is currently working on a book on mental illness, education and the law.

2003

**SIOBHAN COOMARASWAMY, M.D.**

After graduating from City University, Dr. Coomaraswamy completed medical school at the Albert Einstein College of Medicine. She went on to do a medicine internship at St. Lukes and her psychiatric residency at NYSPI, where she was chief resident.

She was most recently Director of Inwood Clinic, Washington Heights Community Service from 1994–2002. She is currently Director of Education on Character and Substance Abuse Disorders, Columbia University HIV Training Project. She also teaches medical students, supervises residents and has a private practice. Siobhan holds the title of Assistant Clinical Professor of Psychiatry at Columbia University.

Siobhan and Hunter are the proud parents of Helena, age 6. She is also the proud mother of Teresa, Aoife and grandmother to Naya. Siobhan graduated from the Psychoanalytic Center in January 2003 and is now a faculty member

**ANN DOLINSKY, M.D.**

Dr. Dolinsky graduated from Amherst College, and then lived and worked in Paris for two years. She graduated from Yale University's School of Medicine and then completed her psychiatric residency at Columbia. While at P.I., she did research with Dr. Steven Roose on the concept of patient-therapist match, and was a fellow of the American Psychoanalytic Association.

Since completing her residency, Dr. Dolinsky has supervised psychiatric residents at P.I., worked at the Columbia Student Health Services, as well as at the Klein-Leibowitz psychopharmacology practice, and maintained a private practice. She enjoys working with a variety of patients, but sees mostly younger patients with anxiety disorder.

ders. Ann graduated from the Psychoanalytic Center in January 2003, where she is now a member of the faculty.

**PAMELA MEERSAND, Ph.D.**

Dr. Meersand received a BA in Psychology from New York University, and an M.A. in Developmental Psychology from Columbia University and a Ph.D. in Clinical Psychology from Adelphi University. She completed her internship at the NYSPI, where she is currently an instructor in early child development and a clinical supervisor. She served as Director of the Therapeutic Nursery in the Department of Pediatrics at Presbyterian Hospital until last year and is currently in full-time private practice in Manhattan. Recent publications include "Psychoanalytic Aspects of Play in Parent-Infant Psychotherapy", which appeared in the 2001 Journal of Clinical Psychoanalysis, and a chapter (in collaboration with Dr. Wendy Turchin) on mother-infant relations in Meg Spinelli's new book on infanticide. Her plans for next year include continuing as a candidate in the program for child psychoanalysis, and serving as a coordinator for Dr. Karen Gilmore.

Pamela is the proud mother of three children: Dena, 21; David, 20; and Kyle, 7.

**JULIETTE MEYER, Ph.D.**

Dr. Meyer graduated from Oberlin College in 1984 with a major in Psychobiology. Following graduation, she conducted research with Dr. Arietta Slade at City College in a study of the relation between attachment status and the development of symbolic play in toddlers. In a related project, Dr Meyer worked with Dr. Slade and Dr. Lawrence Aber in which the affective experiences of parents of toddlers were assessed using a structured interview. Dr. Meyer is co-author of the coding system for the interview and of a paper stemming from the study. This work formed the basis for her dissertation relating maternal affective experience to toddler attachment status.

In 1991 Dr. Meyer earned her Ph.D. in Clinical Psychology from Yeshiva University, graduating with honors. After she completed her internship at P.I., Dr. Meyer worked for five years in the Community Psychiatry outpatient service on VC-5. In addition, she was appointed Coordinator of the Psychology Internship at P.I. where she helped to run all aspects of the program and supervised interns. Dr. Meyer has been in private practice for eleven years.

Dr. Meyer is married to Dr. Gerald Feigin, an applied mathema-

tician, and they are the parents of twin daughters Amanda and Jennifer who are eight years old. Since graduating from the Center in January 2003, Juliette was appointed to the faculty.

**LINDA MULLEN, M.D.**

Dr. Linda Mullen completed her pre-medical studies at Columbia University, and then graduated from The SUNY Health Science Center at Brooklyn, where she was the recipient of the SUNY Department of Psychiatry and the Brooklyn Psychiatric Society Prize for Excellence in Clinical Psychiatry. She became active in neurological and psychiatric research at Columbia University during her pre-medical and medical school years, and later completed her residency training in psychiatry at Columbia University and the New York State Psychiatric Institute, where she received various honors including the House Staff Award, and the Horwitz Award for Clinical Excellence, and was selected as a Fellow of The American Psychoanalytic Association. She went on to complete a fellowship in Psychiatric Education research, and later became the first Glass Fellow in psychoanalytic research at Columbia University and the New York State Psychiatric Institute. She is also the 1999, 2000, 2002, and 2003 MacKinnon Psychiatric Teaching Fellow at Columbia University, and the recipient of the Lionel Ovesey Award at the Columbia Psychoanalytic Center. Her research has focused on the training and evaluation of psychiatric physicians in the practice of psychodynamic psychotherapy, psychoanalytic education, and on the study of personality and its impact on psychiatric illness and treatment.

She maintains a full-time private practice in Manhattan, and lives with her partner, Helene Laval, and their two children, Max and Gabrielle. Linda graduated from the Psychoanalytic Center in January 2003 and was then appointed to the faculty. She currently is coordinator of the third year theory course.

**DANIEL SCHECHTER, M.D.**

Dr. Schechter received his B.A. from Columbia College and went on to receive a Masters in music composition and theory from Columbia. He received his medical degree from Columbia P&S in 1991 and completed his psychiatric residency, a child psychiatry clinical fellowship, and a research fellowship in Developmental Psychobiology at P.I. He is now Assistant Professor of Clinical Psychiatry (in Pediatrics) at Columbia P&S.

Since its beginning in 1998, Dan has been active on the faculty

of the Center's Parent-Infant Program where he now serves as Director of Research. He is also currently Director of the Infant-Family Service/Therapeutic Nursery in the Department of Pediatrics and the Early Childhood Rotation in the Department of Pediatric Psychiatry at Babies Hospital. His research on the relationship of parental affect dysregulation in the wake of violent trauma to parental mental representations and behavior with infants and young children during critical stages of the children's development of affect regulation and reflective functioning has led to his receiving numerous grants and awards. He is about to receive an NIMH Research Career Award to expand on his research and related training over five years. Recently, he was awarded a Solnit Fellowship from Zero to Three: National Center for Infants, Toddlers, and Families, as well as the Center's Lionel Ovesey Award. He has received grants from the Research Advisory Board of the International Psychoanalytical Association, the American Psychiatric Institute on Research and Education, and an Eli Lilly Pilot Research Award from the American Academy of Child and Adolescent Psychiatry. He recently was appointed to the Early Childhood Treatment Task Force of the National Center for Child Traumatic Stress and is one of the co-founders of the New York Early Childhood Trauma Consortium. Over the past few years, Dan has been publishing papers internationally on intergenerational effects of interpersonal violent trauma and terrorism. He is co-editor with Susan Coates and Jane Rosenthal of the forthcoming Analytic Press book September 11th: Trauma and Human Bonds.

Dan and his wife Christine Breede-Schechter, a speech-language therapist live and share a private office in Greenwich Village and are the proud parents of Jan, age 1 ½.

#### **ELIZABETH TILLINGHAST, M.D.**

Dr. Tillinghast graduated from Harvard with her BA in 1979. She received her JD from the NYU School of Law and practiced law for a couple of years before going on to earn her MD from the Columbia College of Physicians and Surgeons. While completing her psychiatry residency at P.I., she was an American Psychoanalytic Association Fellowship recipient.

As a resident, Dr Tillinghast also began working with Dr John Oldham to begin developing a new subspecialty residency in forensic psychiatry. The program began and was fully accredited a few years

ago; it is affiliated with the psychiatry departments at both Columbia and Cornell. Dr Tillinghast has been the Program Director since its inception in 1999.

Dr Tillinghast has a special interest in character issues in professional misconduct. She has published a paper with Dr Francine Cournos trying to help licensing boards assess character change in physicians who are appealing for reinstatement of a license after losing it because of sexual contact with patients. Dr Tillinghast has also given presentations at the New York Academy of Medicine and the New York City Bar Association on character issues in psychiatrists and attorneys charged with various kinds of professional misconduct. She was the recipient of the Center's Lionel Ovesey Award in 2002.

Elizabeth graduated from the Center in January 2003 and was subsequently appointed to the faculty. In the Spring term she taught a class with Drs Meyers and Cournos on issues in professional ethics.

She is also the mother of Nathaniel, who is about to graduate from kindergarten, and Amory, a boy who is very proud to be four.

#### **WENDY TURCHIN, M.D.**

Dr. Turchin graduated from Yale College with a B.A in History. She received her medical degree at Cornell University Medical College and remained at Payne Whitney to complete her psychiatry residency in 1996, and then a child and adolescent psychiatry fellowship. She completed a fellowship in Infant Psychiatry through the Sackler Institute for Developmental Research. Wendy then ran the New York Presbyterian ER Pediatric Consultation Liaison Program. She now maintains a full time private practice and is an Assistant Clinical Professor of Psychiatry at the Weill Medical College of Cornell University.

Currently, Dr. Turchin is a study therapist in Dr. Barbara Milrod's research group on Psychodynamic Treatment for Panic Disorder. In addition, with Dr. Pam Meersand, she published a chapter on the mother-infant relationship in a new book edited by Meg Spinelli, M.D. *Infanticide: Psychosocial and legal perspectives on mothers who kill.*





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**Questions? Contact: [theapm@columbia.edu](mailto:theapm@columbia.edu)**







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